

July 12th, 2023

Key Takeaways

During the discussion on the **Member Story**:

- DHCS:
 - Shared the story of a Member experiencing multiple clinical and behavioral health conditions and high emergency department utilization. This member was connected with MedZed's ECM Community Health Navigator, who helped the Member secure temporary housing, receive care coordination for high priority medical concerns, apply for CalFresh and Supplemental Security Income, receive a behavioral health assessment, and enroll in a substance use disorder program.
 - Highlighted that through the provision of ECM and direct touchpoints, the Member was able to keep all medical and behavioral health appointments, adhere to her medication regimen, and secure a spot in a residential rehabilitation program.

During the discussion on **Progress of ECM and Community Supports Implementation**

- DHCS:
 - Presented an overview of ECM implementation data from January to September 2022 highlighting a consistent upward trend in ECM enrollment. However, there are thousands of members that have yet to be engaged.
 - Shared a preview of Community Supports implementation data from January to September 2022 that demonstrates an increase in uptake of Community Supports. However, many more members who would benefit from these services have yet to be engaged.
 - Highlighted feedback from providers and CBOs, as well as some MCPs, that increased standardization of the program design is needed to increase utilization of ECM and Community Supports. In particular, providers and CBOs point to significant administrative burden,

reimbursement challenges, and significant operational differences between MCPs.

- To address these challenges, DHCS developed a set of ECM and Community Supports policy updates and will release updated ECM and Community Supports Policy Guides in July 2023 with an MCP attestation form due in early September.
- PHM Advisory Group Members and Other Stakeholders:
 - Requested more granular information on the type of providers contracted for ECM.
 - Requested data to be broken down by age to capture Members under the age of 18 that were a part of Health Homes Programs within the ECM data
 - Requested a breakdown per MCP for Community Supports.
 - Highlighted lack of referrals as a limiter of utilization for Community Supports.

During the discussion on **Areas of Focus & Policy Refinements for ECM & Community Supports**

- DHCS:
 - Shared five areas of DHCS focus in response to data and feedback: standardizing eligibility, streamlining and standardizing referral/authorization processes, expanding provider networks and streamlining payment, strengthening market awareness, and improving data exchange to increase availability and uptake of ECM and Community Supports for Medi-Cal Members who need them.

During the discussion on **Standardizing Eligibility**

- DHCS:
 - Reinforced existing expectations in the ECM Policy Guide for ECM eligibility.
 - Explained increased standardization of eligibility of Community Supports and clarified the concept of cost effectiveness.
 - Highlighted that future design work will take place to refine and clarify the Community Supports service definitions in response to feedback.
- PHM Advisory Group Members and Other Stakeholders:
 - Asked for clarification about prioritization through coordinated entry for Housing Navigation services.
 - Noted concerns with cost effectiveness of Community Supports based on current pricing guidance.

During the discussion on **Streamlining and Standardizing Referral/ Authorization Processes**

- DHCS:
 - Standardized authorization and reauthorization timeframes for ECM and modified the approach for how Members can be reassessed.
 - Highlighted future design work that will take place to standardize Community Supports authorization and reauthorization periods.
 - Shared policy refinement to strongly encourage MCPs to implement presumptive/retroactive authorization for ECM and Community Supports.
 - Highlighted that future design work will take place to develop statewide referral standards, starting with ECM.
- PHM Advisory Group Members and Other Stakeholders:
 - Requested clarification on the submission of care plans for ECM members prior to authorization.
 - Noted disparate authorization timeframes among plans for Medically-Supportive Food services.
 - Requested clarification regarding ECM authorization/discontinuance and presumptive authorizations processes.
 - Requested policy reinforcement/clarification for ECM providers to conduct reassessments.

During the discussion on **Expanding Provider Networks and Streamlining Payment**

- DHCS:
 - Shared new policies strongly encouraging MCPs to prioritize contracting with specific ECM provider types by Population of Focus.
 - Highlighted that DHCS will begin monitoring MCP network data to confirm that MCPs are actively contracting with diverse provider types who specialize in serving each of the specific Populations of Focus and who have an existing footprint in the communities they serve
 - Shared new policies requiring partnerships with specific provider types with experience serving individuals with specialized needs in the region for Community Supports.
 - Highlighted that DHCS will re-issue the HCPCS Coding Options with clarification that MCPs must use the HCPCS coding options for Community Supports and ECM, as defined by DHCS, without additional codes or modifiers.
 - Reinforced existing timely provider payment requirements for ECM and Community Supports.
 - Clarified requirements for MCPs to reimburse ECM Providers for outreach activities, including for unsuccessful outreach that did not result in a Member enrolling into ECM. .

- PHM Advisory Group Members and Other Stakeholders:
 - Requested an updated list/directory of ECM and Community Supports Providers.
 - Emphasized the need to incorporate social service coordinators as providers for ECM.
 - Raised questions regarding the coordination of the CHW benefit and ECM.

During the discussion on **Strengthening Market Awareness**

- DHCS:
 - Reinforced existing guidance to increase awareness among provider networks and the community of the ECM benefit and Community Supports services.
 - Highlighted Providing Access and Transforming Health (PATH) initiatives: Collaborative Planning and Implementation (CPI) Initiative, Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative, Technical Assistance Marketplace Initiative, and the Justice Involved Capacity Building Program as avenues to advance implementation and uptake of ECM and Community Supports.
 - Shared that MCPs must determine the feasibility of transitioning value-added and other SDOH services into the Community Supports program.
- PHM Advisory Group Members and Other Stakeholders:
 - Noted that Providers are often expected to conduct outreach on their own rather than in partnership with MCPs and their membership lists.
 - Requested clarification on the intention of ECM and the role of ECM lead care managers.
 - Shared ideas and requested action from DHCS to ensure support for providers to increase referrals and enrollment.

During the discussion on **Improving Data Exchange**

- DHCS:
 - Clarified existing guidance on the use of plan-specific IT portals.
 - Highlighted ECM and Community Supports data sharing guidance documents to standardize information exchange between various stakeholders.
 - Shared a consolidated timeline for implementing new/updated data sharing standards for ECM and Community Supports.
 - Shared a vision for the long-term monitoring of ECM and Community Supports to streamline reporting and leverage existing data processes with the least possible burden on MCPs and Providers.

- PHM Advisory Group Members and Other Stakeholders:
 - Commented that the clarification about MCP IT portal requirements is welcome guidance and will help with administrative burden.